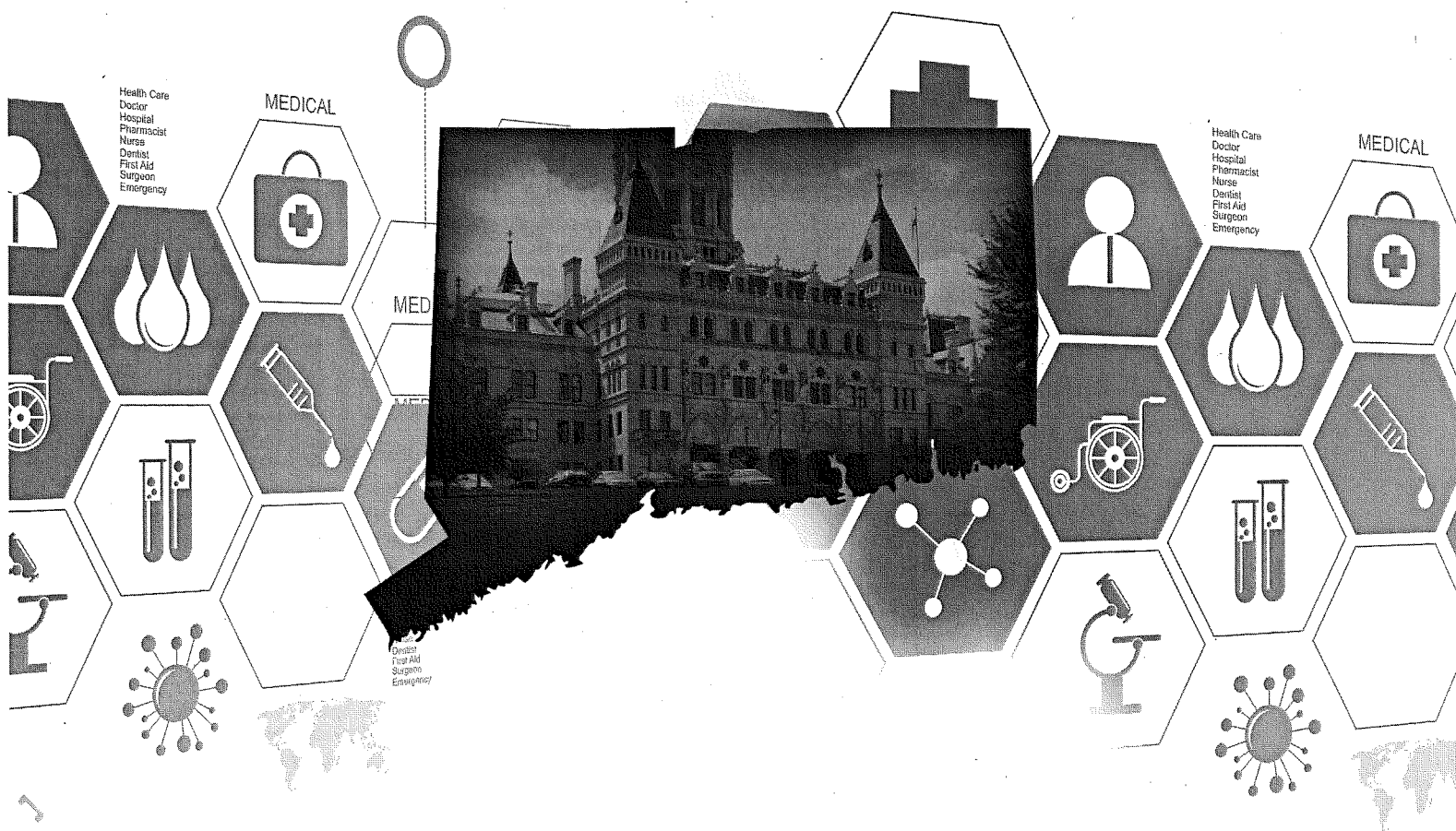


CHE 2014 ANNUAL REPORT



The Connecticut Commission on Health Equity (CHE)'s mission is to address persistent disparities in health outcomes based on race, ethnicity, gender and linguistic ability.

Acknowledgments

The Connecticut Commission on Health Equity gratefully acknowledges assistance from the Office of Healthcare Advocate, the Connecticut Department of Insurance, and the Connecticut Department of Administrative Services.

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Glenn Cassis, Vice-Chair
Sylvia Gafford-Alexander, Secretary
Cathy Graves, Treasurer

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Office of the Healthcare Advocate

Michael Williams
Connecticut Department of Children and Families

From the Chair



Marie M. Spivey, EdD, RN, MPA

*Chair of the Connecticut Commission on Health Equity
Vice President, Health Equity
Connecticut Hospital Association*

Here we are in the 21st century, in the midst of rapidly changing societal demographics, multiple cultural and language differences, and cross-cultural relations. But advances in health parity have simply not kept pace with the rapid changes in our culture. Consequently, health disparities for racially, culturally and ethnically diverse groups and other high risk populations continue to deepen.

One reason for the discrepancies in health access is lack of cultural competency. To remedy this, the Connecticut Commission on Health Equity this year

The Commission on Health Equity will bring commissions and agencies throughout state government together to compare information they have acquired regarding the social determinants of health that affect numerous population groups.

embarked on a comprehensive training for its commissioners, with the expectation of offering the training more broadly to State agencies.

We retained the services of Johns Hopkins' Bloomberg School of Public Health and the Multicultural Leadership Institute (MLI) to conduct a series of training sessions on National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. I feel it's critical that those of us in policy-making positions, and on the front line of direct service, be sensitive to varieties of cultural experience.

This is an ongoing process, and once the assessments are as completed as much as possible, the goals and strategies of each department will reflect the voices of a variety of communities, organizations, sectors, and geographical locations throughout the state. Over the next two-three years, the HHS Strategic Plan, the newly enhanced (CLAS) in Health and Health Care: and its accompanying Blueprint for Advancing and Sustaining CLAS Policy and Practice, the culturally competent expertise, training and education programs within state and commu-

nity-based agencies, the Multicultural Health Partnership, hospitals, foundations and other organizations will all form the basis for a statewide report card to use as a guiding tool by which to track our collaborative process. This will, ultimately, illustrate how well we are accomplishing the improvement of health equity, the identification of barriers that determine health, and the progress being made toward the elimination of health disparities.

Together with new leadership for each of the sub-committees of the Commission, a vigorous commitment has been launched to produce evidence-based outcomes of work to be accomplished for this next year. One of the primary strengths of the Board is its diversity and its ability to partner with medically underserved, socioeconomically deprived, diverse population groups

throughout the state. The Commission on Health Equity will bring commissions and agencies throughout state government together to compare information they have acquired regarding the social determinants of health that

affect numerous population groups. Culture, ethnicity, language differences, gender, disabilities, religion, income, and the interpretation of so-called "isms" all affect health outcomes. Partnerships are the vehicles through which communities can mobilize and take action to end health disparities. We have come to understand that local and state agencies, along with community engagement and partnerships, are the key to successful strategic actions to build more healthy communities – one step at a time.



Youth Committee

Studying the Causes and Cures for Mental Health Inequities in Young Men of Color

Kristen Noelle Hatcher, Esq., Chair

The Connecticut Commission on Health Equity's (CHE) overall mission is to eliminate health disparities based on race, ethnicity, gender, and linguistic ability through research, advocacy, and legislative action. The Youth Committee's recognition of the adverse impact of unaddressed mental health challenges on a young person's academic performance, involvement with the juvenile justice system, and overall well-being underscores the Commission's mission and informs the Committee's work.

Previous research¹ has shown that in Connecticut there is an unmet need for mental health services for young people; in particular African American and Latino males are underserved². In FY 2013-14, The Youth Committee of CHE conducted a statewide study of behavioral and mental health services in Connecticut; the results of the 30 surveys completed by providers are described in this report. While this study did not survey the individuals receiving services or their families and caregivers, the Committee believes the study is an important first step towards addressing the barriers preventing young men and boys of color from receiving mental health services.

In addition, the Committee recognizes that the snapshot is not a comprehensive survey of all service providers, but it does provide a starting point for future investigation. Click [HERE](#) (or go to <http://www.ct.gov/cche/site/default.asp>) for the full report.

Key Results:

- According to the providers that responded to the survey, the largest barriers to seeking services for young men of color are:
 - social stigma,
 - not enough knowledge about what mental health is,
 - not enough places to go for mental health services,
 - lack of transportation,
 - not enough knowledge of what services are available,
 - and lack of family support/cooperation
- Only 3 of the organizations that responded had programs specifically designed for male youth of color
- The organizations surveyed estimated that approximately 60% of their service population are males, and of those males 40% are males of color
- There was a wide range of mental health issues being addressed, with the top answers being developmental, learning, anxiety, and mood issues
- The top types of services provided by the survey respondents were home visits, mental health education, and counseling/therapy
- Outreach in school and community (either through organizations or informally through social networks) were the most popular ways to find the service population, followed by state agencies

Future Considerations

The survey results pointed to social stigma as the biggest barrier to mental health services for male youth of color. Access to mental health services was also identified as a barrier. Access encompasses having a place to go, having transportation, and having family cooperation or support. Obtaining the perspective of the males of color and the families and caretakers is imperative for us to truly begin to understand these barriers so that we can develop effective methods to address them. We hope that this will be the first of many steps to address the unmet mental health needs of young males of color in Connecticut.

¹Spencer, A. (2012). *Blind Spot: Unidentified Risks to Children's Mental Health*. Center for Children's Advocacy.

Available at: <http://www.cthealth.org/wp-content/uploads/2011/04/2BlindSpot2012.pdf>

²Quinn, U.L. (2008). *The invisible child: disparities in the mental health treatment of the African American male in the juvenile justice system*. *Childs Legal Rts. J.* 28(1), 16-22.

³Connecticut Association of School Based Health Centers. *Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services*. Issue Brief. Available at: http://ctschoolealth.org/images/IssueBrief_web2_Final.pdf



Policy Committee

Helping Government Respond to Citizens' Needs

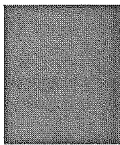
Marjorie Colebut-Jackson and Colleen Gallagher – Co-Chairs

Disparities in health are the result of narrowly focused policy decisions, individual behavior, and social determinants that lead to poor health outcomes. Therefore, the Policy Committee is committed to leading efforts to ensure that a comprehensive or holistic approach is implemented to reduce or eliminate inequities in health and health care in the State of Connecticut.

Under the leadership of the previous chair, Dr. Catherine Medina, and the support of Committee members, the Policy Committee led the initiative that resulted in the Commission's requiring each State agency to develop a Health Disparities Plan. The Plan would include a description of populations served (demographics), what their health needs and challenges were, and how the agency in question was going to address those needs and challenges. In the plan to be submitted, the agencies were/are expected to provide statements of policy and clearly explicate steps, actions, and initiatives each will take to demonstrably (objectively determined) reduce or eliminate health disparities among the people served.

To assist each agency, funds were provided by DMHAS to hire consultants through MLI to work with each State agency. Technical assistance was provided by these consultants over a period of several months. Due to a change in staff and the absence of the Policy Committee's chair, who was on sabbatical for some time, the Policy Committee has been less involved in this initiative for the last eight months.

Nevertheless, the reconvened Policy Committee, under new leadership, is committed to pursuing the earlier goal set for its work as a Committee of the Commission on Health Equity. The Committee will ensure that the social determinants of health are viewed and treated as a priority. It will also ensure that all State agencies will comply with the request to complete an assessment of their programs and populations served and submit a Health Disparities Plan to the Commission. Once all plans are received, they will be compiled to create a comprehensive statewide plan for the State of Connecticut by the Connecticut Commission on Health Equity. Policy Committee members will identify means by which oversight is provided to ensure ongoing implementation of each state agency plan, as well as the overall state plan. Should there be problems in implementation of any of the Plans the Policy Committee will work with the agency to resolve challenges and identify opportunities to better reduce health disparities.



Resource Development Committee

Garnering Financial and Human Resources

Sylvia Gafford-Alexander, Chair

Last year, the Resource Development Committee succeeded in obtaining, through a response to a competitive RFP, admission to NNEDLearn 2013. To address disparities in behavioral health care, the National Network to Eliminate Disparities (NNED) in Behavioral Health was formed with support from the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the National Alliance of Multi-ethnic Behavioral Health Associations (NAMBHA). NNEDLearn 2013 was held on a Pueblo in New Mexico. All expenses, including food and lodging was paid by the NNEDLearn 2013. The event (conference) consisted of specialized training sequences. The Chair of Resource Development, the current Chair of the Commission and a community member attended a three day training related to a group process for African American women. The process or method "Prime Time Sister Circles: Reducing Health Disparities and Promoting Positive Health Behavior in African American Women" required ongoing training. Following the initial training, the three attendees were required to continue to participate, through December, 2013, in discussions and training via conference calls and web based presentations. As a result of their participating in the on-site training and via the web, the Commission is able to offer "Prime Time Sister Circles" as an intervention strategy.



Public Voice Committee

Hearing and Sharing the Voices of Disparity

Stephanie R. Paulmeno, Chair

The Public Voice Committee Chairman attended, provided input into and/or represented the Commission on Health Equity at the following programs and events held in Connecticut:

- A *Greenwich Affordable Care Act Forum* presented by the town's all GOP State Representatives, in order to represent a bipartisan view.
- **Member:** *Stamford Hospital's Population Health & Prevention Strategic Initiative/Chair of the Access to Care Committee*; **Distributed/ discussed the CLAS Standards**; provided informational handouts to the Collaborative's 17 member agencies.
- **Member:** *Greater Stamford Hispanic Advisory Council*
- *Stamford Interfaith Council* to garner their support for *Health Sabbath Week*, where state-wide religious communities would be invited join with the Public Voice Committee of the COHE to infuse a health and wellness message into sermons during the last week of April; also distributed "*CHANGE IS HERE: Quality healthcare coverage is now within reach*" in all available languages to enable their multi-lingual/ multi-cultural parishioners to enroll with *Access Health CT* in order to become covered/insured.
- *Connecticut Data Collaborative Forum*, "*Open Data for Connecticut: Opportunities and Challenges*"; discussed our need to track and trend population health across Connecticut and between different communities in Connecticut in real-time; access to timely data allows for better identification of needs in general as well as needs between population groups.
- *Connecticut Voices for Children*, a workshop presented by Orlando Rodriguez, their Senior Policy Fellow. Using census data he presented on 1) Income, Equity and Demographics, 2) Demographics, Not Destiny, and 3) Policy Recommendations. This addressed disparities in communities across the state that often sit contiguous to one another by examining factors impacting health and that have relevance for the *Commission on Health Equity*.
- *Results Based Accountability (RBA)*, sponsored by the *Latino and Puerto Rican Affairs Commission*; Dr. Ron Schack of the *Charter Oak Group* discussed critical outreach health issues and health indicators for the Latino populations in our state.

Over the last year, the Resource Development Committee has secured funding and/or human resources support for the following:

- 7-8-13 - "*In the Shadows*": Commissioner Glenn Cassis, prior Public Voice Committee chair and Helen Newton, MD, produced this video production early in this fiscal year that focuses on Connecticut's tobacco farm migrant workers. This video is only available on hard disk.
- 2-18-14 - "*Everything is Health: Voices of the Commission*" began planning, scripting and filming. It was released July, 2014. The Commissioners, the COHE Chairman, and Director explain why the commission's mission is important to them, how they represent the diversity of the state's, and how they achieve the Commission's goals and objectives. It can be accessed via <http://youtu.be/1iDWZA2ad5U>.
- 4-8-14 - "*Everything is Health: Charter Oaks Health Center*" was released. The video tour demonstrates preventive health care and patient education, and discusses access to care, cultural and linguistic competence and direct service offerings to people across the life-span regardless of insurance, balancing this with fiscal accountability and quality care. The full video can be accessed through YouTube or via <http://youtu.be/8uOxIM2HYnY>
- 4-8-14 - "*Everything is Health: CLASS Standards Training*" was released. It addresses how these standards will impact patient care and access to care in the broadest sense in this age of growing diversity. It can be accessed at <http://youtu.be/NkAZ4ul3WhU>

Public Voice Committee Projects:

- A Public Forum project series was begun under prior chairman is continuing; planning is underway to bring a forum into Fairfield County in fiscal year 2014-15.
- Following extensive preparation and outreach with individual churches and interfaith groups across Connecticut, a 2nd Sabbath Week was held; it focused on encouraging multi-denominational religious leaders to incorporate a health and wellness concept into their sermons and preaching's in the last week of April.



Legislative Committee

Enlightened Public Policy: Legislation and Health Equity

Glenn A. Cassis, Chair

The Legislative Committee spent most of its energy during the 2014 Legislative session monitoring budget concerns and legislation. The Committee worked with key legislators to help insure that an additional \$150,000 was included in the final budget to support the Health Disparities Study that will begin in 2015. This study will focus on the implementation of National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care for state agencies.

The Committee supported two key pieces of legislation this past session. H. B. 5537, a bill proposed by the Department of Public Health, contained recommendations concerning various revisions to the public health statutes. It renamed DPH's Office of Multicultural Health to the Office of Health Equity and clarified the role and mission of this office. The bill also added language that illuminated the populations that should be served under this office. This bill passed and was signed by the Governor.

The Legislative Committee also supported H. B. 5457. This bill would have required state agencies to collect and maintain identifying information concerning the persons agencies served. The CHE believed that this bill attempted to bring consistency across agencies with data collection. This bill did not pass the legislature but will be considered in the next legislative session.



Data Committee

Tracking Progress, Collecting and Sharing Information

Mui Mui Hin-McCormick, Chair

In the coming year, the Data Committee will work to determine, from existing and potentially acquired data, the key diseases, illnesses, and/or injury areas that disproportionately and significantly affect population groups based on race, ethnicity, culture, gender and linguistic ability, and prepare Commission reports which will be submitted to the Governor and the General Assembly. The Committee will continue to collect and analyze such government and other data regarding the health status of these populations both from sources within our state and nationally in order to formulate recommendations based upon these findings.



Communications Committee

Bringing the Commission's Work to its Constituencies

Christine A. Palm, Chair

In FY 2013-14, the newly formed Communications Committee:

- Completed the 2012-13 Annual Report;
- Advised on letterhead redesign;
- Consulted on website updates; and
- Participated in educational video on CHE's work.

Goals/Looking Ahead to 2015

Building on the accomplishments of the past year, the various CHE committees are looking ahead to continuing their work, expanding membership, and adding new projects as the need arises.

Public Voice Committee Goals For 2014-215

- Recruit Commissioners to work on this committee
- Explore expanding the dissemination of information and notices through the use of such social media venues as Facebook, twitter, blogging, and Tumblr to further disseminate information.
- Identify and access non-English-speaking venues to distribute the Commission's information
- Create of short, catchy video messages aimed at youth in order to broaden our reach
- Initiate training for Commission Chairs and Executive Board members for direct inputting of minutes, announcements etc.
- Collaborate with the Legislative Committee on hosting a Legislative Breakfast

Policy Committee

The Policy Committee will continue its role to work with all state agencies as they complete their assessments and work collaboratively to roll out a statewide plan to address the social determinants of health factors which prevent the elimination of health disparities. The CCHE in collaboration with the state agencies will reach out to the expertise of the affected communities across the state to ensure that plans are developed realistically to produce the intended results.

Resource Development Committee

During the coming fiscal year the Committee will continue to work to identify funders; energy and effort will also be expended to identify resources that are not financial but more human resource/materials based. Funds will also be sought to develop and implement the "Prime Time Sisters Circles" program in Connecticut.

In addition, the Resource Development Committee has explored and will make application for grants to support a state-wide health equity-health disparities conference. Up until a few years ago, an organization of various agencies from the New England States – The New England Regional Minority Health Disparities Committee - planned, over a two year period, and offered a regional conference. The conference attracted attendees from throughout the Northeast; of even greater importance, the conference brought national health equity/health disparities experts as keynoters and workshop presenters. Much research and innovations aimed at reducing or eliminating health disparities have taken place since the last regional conference. There is a need for a platform to disseminate these emerging strategies and innovations; Connecticut is uniquely situated to support planning and executing this type of event. The Resource Development Committee has identified this as a priority; it is a key element in the Committee's charter.

Youth Committee

The Committee views the study as an important first step towards addressing the barriers preventing young men and boys of color from receiving mental health services. The CCHE Board will support a *Turn-the-Curve* session to better enlighten the current administration and the general public regarding the concerns these young men and boys of color are living with on a minute-to-minute basis. Hearing from the community, parents, and the young men and boys themselves will give the State the opportunity to build steps toward the elimination of these disparities.

Legislative Committee

- In the coming year, we will again analyze existing and potential legislation that affects health equity for vulnerable populations and make recommendations to the full CHE Commission.
- We will also continue to work closely with the members of the General Assembly to ensure that legislation supports the goals and objectives of CHE, provide legislators with policy briefings as new data from local and national health disparities research emerge, and collaborate with the Governor and the Connecticut General Assembly to create language to support the implementation of the National Health Care Reform Bill.
- To this end, the CHE Legislative Committee will host a public hearing in late September to gather from the public and agencies health equity issues that need to be brought before the 2015 Legislative Session.

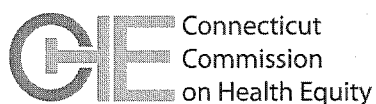
Data Committee

Without the ability to measure the outcomes we are seeking, it is difficult to track progress. As the Commission and its committees continue to evolve in building consensus on focused action to reduce and eliminate health inequities, it's clear that successful results require a sense of synergy and agreement of goals and strategies to be implemented by multiple stakeholders. These stakeholders include state agency representatives, health care providers and payers, public health decision-makers, and residents. To this end, the Data Committee will continue to gather, track and analyze significant data to be used as a resource in the work to eliminate health disparities.

Communications Committee

In the coming year, the Communications Committee will seek to:

- Improve the visibility of the CHE among key stakeholders through regular press releases;
- Create a speakers' bureau to serve as an expert resource for media and coalition partners;
- Produce the CHE annual report, and work with staff to improve the effectiveness of social media efforts;
- Increase committee membership, as per the CHE Communications Committee Charter.



Mission Statement/ Statute Language

In 2008, Public Act No. 08-171 An Act Establishing a Commission on Health Equity, established the Connecticut Commission on Health Equity (CHE) to address persistent disparities in health outcomes based on race, ethnicity, gender and linguistic ability. In 2009, Public Act No. 09-232 amended the statute to include gender.

Financials Fiscal 2014-2015

July 1, 2014 thru June 30, 2015

Account Description	Budgeted Amount	Expended Amount	Remaining Amount
I. Personal Services	\$ 71,565.75	1 FTE's \$ 14,702.75	\$ 56,863.00
II. Other Expenses	162,000.00	6,689.68	155,710.32
Total Budget	\$234,065.75	\$21,492.43	\$212,573.32

This Financial report is prepared by the Department of Insurance.